Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_\_ C B. WING IL6002208 01/27/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 831 NORTH BATAVIA AVENUE MICHAELSEN HEALTH CENTER BATAVIA, IL 60510 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation #2070479/IL119365 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care Attachment A and services to attain or maintain the highest Statement of Licensure Violations practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care Illinois Department of Public Health

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**Electronically Signed** 

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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TITLE

02/13/20

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C IL6002208 01/27/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 831 NORTH BATAVIA AVENUE MICHAELSEN HEALTH CENTER BATAVIA, IL 60510 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 1 S9999 plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour. seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.3240 Abuse and Neglect a)An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements were not met evidencded base by Based on observation, interview, and record review, the facility failed to safely transfer a resident from the wheelchair to a shower chair. This failure resulted in the resident falling and sustaining a hip fracture requiring hospitalization and surgical intervention. This applies to 1 of 3 residents (R1) reviewed for transfers in the sample of 3. The findings include:

According to the Electronic Health Record (EHR)

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
		IL6002208	B. WING		C 01/27/2020
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, S	STATE, ZIP CODE	
MICHAELSEN HEALTH CENTER  831 NORTH BATAVIA AVENUE BATAVIA, IL 60510					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE COMPLETE
S9999	Continued From page 2		S9999		
	disease, acute kidnatherosclerosis of a congestive heart falloss, and abnormal was in the facility for A Hospital Physical 01/03/2020 showed assistance with versitting to standing a minimal assist (R1) close enough to) whisitting position.	including coronary heart ney failure, hyperkalemia, aorta, ventricular tachycardia, hilure, hypertension, hearing lities of gait and mobility. R1 or four days prior to the fall.  Therapy Assessment dated d R1 needed contact guard bal cues during transfers from and needed verbal cues with tends to try to sit when not when going from standing to			
	01/08/2020 showed assistance of one p transfers, walking, a physical help of one showed R1 was five weighed 103 pound cognition was intact.  An Interim Care Pla	imum Data Set (MDS) dated d R1 needed extensive person for bed mobility, and toilet use; and needed e person for bathing. The MDS e feet two inches tall and ds. The MDS showed R1's t.  an showed R1 was a fall risk; with bathing of one staff			
	member; and neede one staff member.	ed assistance with transfers of			
	R1 had a fall in the	0:01 AM, V13 (Coroner) said facility and had surgery on ft hip fracture sustained during			
	Assistant, CNA), sa was a one person a wheelchair was plac chair, not on an ang	2:20 PM, V5 (Certified Nursing aid R1 was alert, oriented and assist pivot transfer. R1's ced directly facing the shower gle. V5 undressed R1's top as still seated in the wheel			

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY DENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: B. WING IL6002208 01/27/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 831 NORTH BATAVIA AVENUE MICHAELSEN HEALTH CENTER BATAVIA, IL 60510 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5)(X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 3 S9999 chair. While R1 still had her pants on, V5 had R1 stand up and then turn around with R1's back toward the shower chair. R1 did not have a gait belt on. While R1 was standing with her back to the shower chair. V5 was standing to R1's right side, V5 pulled R1's pants down to around the shin area then had her sit on the edge of the shower chair. V5 said R1 was at the front edge of the chair, partially leaning on the front edge of the bar of the toilet seat but not fully seated on the chair. V5 said R1 was short and the shower chair was a little higher so R1 could not fully sit on the chair from standing without scooting back and forth. V5 remained on R1's right side to try and assist her to scoot back all the way onto the shower chair. V5 had not pulled R1's pants off all the way until the resident was seated back on the shower chair. R1 started scooting back on the chair, making a slight rocking motion by leaning slightly forward and lifting herself using her arms on the arm rests and then moving her buttocks back and forth onto the shower seat. R1 did this scooting motion about three times before she leaned too far forward, fell forward and to the left side onto the floor. V5 said she was unable to stop R1 from falling forward as she was to the side of R1, not in front of her and R1 didn't have a gait belt or any clothing on to grab hold of. V5 said this was the first time caring for R1. V5 said during a one person assist pivot transfer the resident's seat or chair should be either directly in front of or at an angle to the seat they are going to be transferred into so the resident doesn't have to walk. If the resident didn't seem steady, V5 would use a gait belt or get another person to

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The shower chair used for R1 was part of an integrated three sided tub-like cabinet enclosure. The base of the cabinet tub is elevated off the

help.

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he has a resident in the shower "booth" he will position the wheelchair on an angle and assist the resident with a pivot transfer using a gait belt while standing in front of them. V9 would stand in

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to and from chair, to and from supine. The treatment plan summary showed R1 had poor

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